

# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

RECEIVED  
DEC 22 2004  
S.D. STATE

1. TITLE OF NEWSPAPER <b>FAULK COUNTY RECORD</b>		2. DATE <b>9-29-2004</b>
3. FREQUENCY OF ISSUE <b>weekly</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE \$25, \$27, \$30
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>PO BOX 68, FAULKTON, FAULK COUNTY, SD 57438-0068</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>PO BOX 68, FAULKTON SD 57438-0068</b>		
6. FULL NAME OF PUBLISHER: <b>JAMES B. MORITZ</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"><div>FULL NAME <b>MORITZ PUBLISHING CO. INC., 117 1ST AVE E, CLARK SD 57225-1712</b></div><div>COMPLETE MAILING ADDRESS <b>CLARK SD 57225-1712</b></div></div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. <b>NONE</b>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<b>1625</b>	<b>1625</b>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales. <b>and online</b>	<b>86</b>	<b>93</b>
2. Mail Subscription (Paid and or requested)	<b>1441</b>	<b>1442</b>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<b>1527</b>	<b>1535</b>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<b>3</b>	<b>3</b>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<b>3</b>	<b>3</b>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<b>1533</b>	<b>1541</b>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<b>92</b>	<b>84</b>
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<b>1625</b>	<b>1625</b>

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**  
**I swear that the statements made by me are true, correct, and complete:**

*James B. Moritz*  
 (Signature)

*PUBLISHER*  
 (Title)

State of South Dakota )  
 County of *Faulk* )  
 (Seal)

Sworn to before me this *29th* day of *Sept*, 20*04*

*Val Ramsdell* **VAL RAMSDELL**  
 Notary Public  
 My commission expires: \_\_\_\_\_

**My Commission Expires**  
**Jan. 17, 2005**